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Worldwide Report

EPIDEMIOLOGY

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7 April 1986

WORLDWIDE REPORT

EPIDEMIOLOGY

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BANGLADESH

MOSQUITO INFESTATION CAUSING RISE IN MALARIA INCIDENCE

Dhaka THE NEW NATION in English 7 Feb 86 p 5

[Editorial]

According to a report, the incidence of Malaria is increasing in many areas of the country like Chittagong Hill Tracts, Chittagong, Cox's Bazar, Sherpur, Netrokona and Jamalpur. A high level meeting on malaria has warned that the disease will assume epidemic proportions in no time unless effective measures are taken right now.

Following a vigorous anti-malaria drive launched during the early sixties the disease almost disappeared from this land in the last two decades. Subsequently the malaria control programme was wound up. Recent reports of reappearance of this dreaded disease and the multiplication of mosquitoes at an alarming rate warrant revival of that abandoned project. Since a particular variety of mosquitoes, namely the *Anopheles* variety, is known to be the carrier of the disease any anti-malaria campaign must needs be accompanied by a battle against the swarming hosts of this winged menace.

Although music is rightly regarded as a soothing and sleep inducing art the music of mosquitoes are robbing people particularly of the metropolitan areas of their sleep due to its association with the sting that haunts the subconscious mind and is besides proving a cause of pain to the body through the proboscis. Pictures of students carrying out their studies within a mosquito-net even during the day time poignantly bring to focus the threat posed by this stinging insect.

The menace posed by mosquitoes is so very serious and disturbing that the title of "Mosquitopolitan Dhaka" one given to this Metropolis by us has taken on an acerbic veracity. The tyranny of these stinging hordes is felt not only in the metropolitan areas but quite understandably throughout the length and breadth of this land of rivers, swamps and thickets. In retrospect, a particular Health Minister had waged a zihad against mosquitoes in this city during the fifties and achieved a remarkable success in this battle. But unfortunately, all anti-mosquito campaigns launched in recent times have proved ineffective and largely a game of hide and seek, the tiny tormentors reappearing with a vengeance after brief interludes.

While a vigorous mosquito eradication campaign is in order, the causes of the ineffectuality of the previous one is to be probed in depth. According to reports, the Dhaka Municipal Corporation is going to take up a Taka 15 lakh programme for eradication of mosquitoes. Let us hope that this time the corporation will be able to remove the pessimism of the mosquito-bitten citizenry by taking really effective measures.

In our geo-physical situation any meaningful anti-mosquito drive has to be accompanied by a cleanliness drive. Dirt and filth, swamps and stinking drains are the breeding places of mosquitoes. A spruce-up campaign on the eve of the SAARC Summit gave a face lift to the posh areas or the Metropolis particularly the places the dignitaries were to pass along. But unfortunately scant attention has been paid to the old areas of the city, its outlying areas and proliferating slums. Such spots which are the ideal breeding grounds of mosquitoes cry for special attention. May be added in this connection that aerial spraying, in spite of its spectacularity, has in the past proved largely ineffective and ecologically harmful too. In such a perspective, ground spraying and a really effective comprehensive cleanliness campaign should form the two important prongs of the strategy of the new anti-mosquito battle,

BANGLADESH

HEALTH MINISTER SAYS BANGLADESH FREE OF AIDS

Dhaka THE NEW NATION in English 20 Feb 86 pp 1, 8

[Text]

Health Minister Maj, Gen. M. Shamsul Haq has said that Bangladesh is free from the incurable disease AIDS and stressed the need for creating public awareness to prevent any outbreak of the disease in future.

Addressing a seminar on AIDS at a city hotel yesterday, the minister said the government was alert against what he termed infiltration of the disease into the country but added that people's awareness was a must in this regard.

Presided over by Prof. Nurul Islam, Director of the Institute of Post-Graduate Medicine and Research, the seminar organised by Ibne Sina Welfare Trust was addressed, among others, by Prof Gholam Moazzem, Commodore (retd) Ataur Rahman and Meer Quasem Ali.

Gen. Haq said that awareness should be created about sexual abuse especially among the youths of the society. He pointed out that adherence to religious values and the

teachings of the Quran and the Sunnah could save humanity from the evil effects of AIDS.

The minister said a 'high power committee had been formed to study if there was any incidence of the disease in Bangladesh and if would recommend measures to stop infiltration of the disease into the country.

Prof Gholam Muazzam suggested a seven-point recommendation that included foreigners entering Bangladesh must carry AIDS-free certificate, all foreigners living in Bangladesh should be subjected to AIDS test, barring people of AIDS affected countries from donating blood, vigilance against indulgence in illicit sex by Western visitors, use of disposable syringe to minimise the risk of contamination through contact of blood and creation of public awareness through mass media.

The speakers also stressed the need for following the teachings of the Quran and the Sunnah as a pre-emptive measure against the dreaded disease.

/13104
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7 April 1986

BANGLADESH

REPEATED OUTBREAKS OF CHOLERA, DIARRHEA DEPLORED

Dhaka THE NEW NATION in English 5 Mar 86 p 5

[Editorial]

[Text] Cholera and diarrhoeal diseases are again taking a heavy toll of lives in Bagerhat and Perojpur districts of the country. In Bagerhat, according to a report, more than 2,500 persons have been afflicted with cholera and diarrhoeal diseases and of them 217 have succumbed. In Perojpur district 121 persons have been afflicted and 15 have succumbed.

Although the attack of cholera and diarrhoeal diseases is a periodic phenomenon it cannot but cause utmost concern and force us to re-examine the basic issues of public health in the outlying areas. Cholera and diarrhoeal diseases are both preventable and curable afflictions and therefore repeated outbreak of these killer diseases reflect a deplorable state of our public health care service as well as living condition of the people particularly as regards access to pure drinking water. At a time when a faint glimmer of betterment in the living condition of the masses is visible and remote areas are being brought under an extended administrative network, the visitation of these scourges tend to put the clock back.

The remedy should include both long term and short term measures. As an immediate response to the outbreak, medical measures are to be intensified. Thirty medical teams are reportedly working in the area to provide medical relief to the victims. It is to be noted that in recent times southern regions have become more vulnerable to the outbreaks of diarrhoeal diseases although no region has remained continuously immune. As these are water-borne diseases a lasting remedy lies in providing potable water in the neglected regions. The developmental priority has to be reordered for sinking more tube-wells in these regions.

Health for all may be a far cry but the time has come to control the frequent outbreaks of preventable water-borne diseases.

/9274

CSO: 5450/0123

BARBADOS

BRIEFS

VISITOR VACCINATIONS--Bridgetown, Friday (CANA)--From tomorrow, persons travelling to Barbados from countries known to be infected by yellow fever, will be required to present valid vaccination certificates on their arrival or be placed under surveillance by health authorities for six days, the government says. The move follows an amendment to the relevant regulations which also waived such a requirement for persons coming from Guyana and Venezuela, regarded as being in an endemic zone. "If there is any change in the status of any country in the endemic zone, that is a country that is exempt at the present moment, (which) gets a case of yellow fever or several cases of yellow fever, then they automatically become infected countries and our rule will apply," Senior Medical officer Dr Elizabeth Ferdinand said. She named Burkina Faso, Ghana, Gambia, Nigeria, Sudan and Zaire--all in Africa--among infected areas. The waiving of the requirement for Venezuela follows the refusal by the Venezuelan Embassy here to issue visas to Barbadians wishing to travel to the South American state if they were not in possession of vaccination certificates, the Nation Newspaper reported today. [Text] [Port-of-Spain EXPRESS in English 15 Mar 86 p 28] /9274

CSO: 5440/062

BRAZIL

IMMUNIZATION BEGUN TO CONTAIN OUTBREAKS IN 4 REGIONS

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 25 Feb 86 p 12

[Text] The Ministry of Health is going to take immediate measures to interrupt several epidemic outbreaks recorded in the country, such as measles in Acre, malaria in Bahia, and poliomyelitis in Alagoas and Ceara, as well as meningitis in the Federal District. The decision to do so was taken yesterday after a meeting between Minister of Health Roberto Santos and President Sarney; the strategy will be to carry out preventive vaccinations at the locales where cases of these illnesses have occurred. In this way, the Ministry intends to prevent the problem from spreading to other regions.

At the meeting with the President, Roberto Santos presented a report prepared by technicians who had visited the affected areas, and explained to the President that the measures he was adopting would serve not only to cure the cases already reported but also to prevent new occurrences. The first emergency preventive vaccination treatment against infantile paralysis will be carried out tomorrow in the town of Arapiraca, in Alagoas. The Ministry of Health will send 79,000 doses of Sabin vaccine there. At this time, it is known that eight cases showing symptoms of poliomyelitis have been detected in the region, although none has actually been confirmed.

Of the eight cases, three have resulted in death. The initial study has yet to be carefully verified, but it indicates the presence of infantile paralysis in cases which showed a sudden flaccid type of paralysis. The affected children are 0-3 years of age, but there is little solid information. The data available indicate that five of them were incompletely or improperly vaccinated, while the other three had received three Sabin inoculations, the minimum prescribed by the Ministry of Health.

In the metropolitan region of Fortaleza, Ceara, seven cases of poliomyelitis were also registered, and the Ministry has already sent its people there to conduct an epidemiological investigation to determine what magnitude of preventive vaccination will be required. According to the Ministry of Health, the extensive preventive vaccination campaign, even in the absence of confirmation of cases, is part of the Brazilian strategy for complying with the program of the Pan-American Health Organization for the eradication of poliomyelitis in the Americas.

In Ceara, the secretary of health, Elias Boutala Salamao, confirmed the existence of seven cases of infantile paralysis, and is said to be very concerned; according to him, if mass vaccinations are not carried out immediately, the situation could result in an epidemic, "because the seven cases verified at this time are from different areas."

12857/12795
CSO: 5400/2044

BRAZIL

BRIEFS

AIDS STATISTICS--Yesterday the Ministry of Health revealed a report on the number of cases of AIDS (Acquired Immune Deficiency Syndrome) that have occurred in Brazil up until 20 February 1986. Of the 625 cases that have been confirmed in 17 states, 463 were recorded in Sao Paulo (and that number may increase, depending upon the diagnosis of two patients), and 93 in Rio de Janeiro. Of the total, 304 resulted in death. As for the victims, 365 were homosexuals and bisexuals, 30 were hemophiliacs, 6 used injectable drugs, 5 contracted the disease through blood transfusions, 18 were not identified, and, in 186 cases, the causes were unknown. The age group most affected--with 195 cases--was 30-39 years, followed by 20-29 years (143 cases). Thirteen of the AIDS cases were less than 9 years old, while the ages of 142 cases were not known. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 26 Feb 86 p 14] 12857/12795

CSO: 5400/2044

CANADA

AIDS PROBLEMS, COUNTERMEASURES DISCUSSED

Cyclosporine Study

Toronto THE TORONTO STAR in English 21 Feb 86 p A7

[Article by Lillian Newbery]

[Text]

The University of Toronto has received permission from Ottawa to conduct a study of the anti-rejection drug cyclosporine with the help of 20 AIDS patients.

Patients in Toronto and Montreal will take part in the study, a U of T spokesman said.

The inquiry, the only one of its type in Canada, will try to determine if "there is any unusual toxicity from cyclosporine in AIDS patients — or any evidence for any effect," Dr. Philip Halloran said.

"There's no miracle here," cautioned Halloran, an associate professor in the departments of medicine and surgery at the university.

But French scientists' work with cyclosporine is sufficiently encouraging to warrant further study of the drug, which suppresses the body's immune system, he said.

Last fall, three physicians at Hopital Laennec in Paris reported early favorable results with cyclosporine on a few patients with AIDS (acquired immune deficiency syndrome).

But some of the patients later died, and other scientists criticized the group for discussing its results prematurely.

Believed caused by a virus, AIDS interferes with the body's immune system and makes sufferers vulnerable to a host of infections. In its most severe form, it is invariably fatal.

Close to 500 Canadians have been diagnosed with AIDS since the first patient was identified in 1981.

Cyclosporine was discovered by Dr. Jean Borel in 1972, and the Swiss drug company Sandoz Ltd. has spent more than \$60 million developing the drug, mainly used in organ transplants.

Legal Protection Issue

Toronto THE TORONTO STAR in English 27 Feb 86 p A22

[Article by Bill Walker]

[Text]

The government must amend Ontario laws to ensure that sexual orientation is not a basis for discrimination, the legislative justice committee at Queen's Park has been told.

Tom Alloway, chairman of the AIDS Committee of Toronto, urged MPPs from all three parties yesterday to seize the opportunity to amend the Ontario Human Rights Code to fight discrimination against victims of AIDS (acquired immune deficiency syndrome) and members of the homosexual community.

The justice committee is studying rights code amendments to bring Ontario laws into conformity with equality provisions in Section 15 of the Charter of Rights and Freedoms.

Alloway recounted incidents of AIDS victims or suspected AIDS victims who have been fired or forced out of their jobs, treated poorly by public hospital staff and humiliated by government agencies.

In documented cases, he said, hospital staff have refused to serve meals to an AIDS patient in his room and janitors have refused to clean the hospital rooms for up to 10 days.

"Gay patients and their friends have been called 'faggot, queer or pervert' by hospital staff," Alloway said.

Some Ontario dentists have refused to treat AIDS patients and funeral service companies have offered only immediate cremation or refused to handle AIDS victims who have died, he said.

And, in the workplace, many Ontario employers have either fired suspected AIDS victims or homosexual men, or have forced them to take a long-term disability pension or face dismissal, Alloway said.

After AIDS victims have died, their wills are often not followed when a homosexual lover is the benefactor because the deceased man's family is allowed by insurance companies and government agencies to intervene and seize possessions, he said.

The AIDS committee, the largest community-based AIDS group in the country, recommended that:

- ☐ Sexual orientation be prohibited as a basis for discrimination in health care, the workplace or in accommodation;

- ☐ Equal rights protection for common law spouses be extended to homosexual couples;

- ☐ Hospital rights and disability rights be extended to victims of AIDS;

- ☐ The Public Hospitals Act be amended so next-of-kin privileges in choosing treatment for an AIDS patient be broadened to include a homosexual common-law spouse;

- ☐ Public agencies be forced to deal fairly and fully with AIDS victims;

- ☐ The use of the AIDS antibodies test be restricted so companies that wish to screen possible homosexual employees will not be able to do so through routine medical examinations upon hiring.

Second Child Suspect

Toronto THE SUNDAY STAR in English 16 Feb 86 p A6

[Text]

HALIFAX (CP) — A second child suspected of having AIDS has been admitted to hospital while a child diagnosed as having the disease in December has been readmitted in serious condition.

Both children received blood from the same donor, a carrier of the acquired immune deficiency syndrome.

Dr. Robert Bortolussi said the second child, who is in stable condition, has been isolated as a precaution and "is being monitored to determine if it has the full syndrome . . . the possibility of the presence of AIDS has yet to be determined."

/9317
CSO: 5420/56

CANADA

CANCER INCIDENCE DISCUSSED AT SYMPOSIUM, IN STUDY

Bowel Cancer Rate

Toronto THE GLOBE AND MAIL in English 20 Feb 86 p A10

[Text]

Canada has one of the highest rates of bowel cancer in the world, the first international scientific symposium on calcium and health has been told.

And Quebec, especially Montreal, has one of the highest rates of that cancer in Canada, Dr. Cedric Garland of the University of California in San Diego told the two-day symposium, which ended yesterday.

"Certainly in comparison with other countries, Canada has a very high incidence of colon cancer — about three times higher than Mexico's rate," he said.

"But the island of Montreal has a significantly higher rate than the rest of Canada. . . . It's distressingly high."

More than 10,000 Canadians are diagnosed each year as having colorectal cancer and about 5,500 die of the disease, the second leading cause of cancer deaths in the country.

Dr. Garland, who has pioneered work linking colonic and rectal cancers with diet and climate, said he could not give a precise explanation for the high rate in Montreal.

His research indicates that people living in northern climates are more

at risk than people living close to the equator. Scotland and Iceland join Canada at the top of Dr. Garland's list of countries with the highest incidence.

His research, based on a 20-year study of 2,000 Chicago factory workers, also indicates that people with calcium-rich diets have about one-third the chance of getting colorectal cancer that those with calcium-poor diets have.

Vitamin D, which comes mainly from sunshine, is needed for the body to make use of calcium, Dr. Garland said. Calcium is found primarily in dairy products, broccoli, beans, sardines, salmon, tofu and nuts.

Dr. Mary Mackey, a dietician at McGill University's Macdonald College, suggested that the high incidence of bowel cancer in Quebec could perhaps be attributed in part to Quebecers' poor eating habits.

A 1972 national nutritional survey showed that Quebecers, except for children between 1 and 4 years old, drink less milk than Canadians in any other part of the country.

On the whole, Dr. Mackey said, Quebecers consumed substantially less calcium than the recommended daily requirement of 1,200 milligrams for pregnant and nursing women, and 700 milligrams for other adults.

Moreover, Quebec was the last province in Canada to start adding vitamin D to its milk, doing so only about 10 years ago, Dr. Mackey said.

"It was a real battle to get it in here."

She said Quebec milk was fortified only after one of the province's supermarket chains, Steinberg Inc., demanded that a major dairy start adding vitamin D.

Another major difference in the eating habits of Quebecers is that they consume large amounts of soft drinks, she said. Pop contains phosphorus, which is suspected of sapping the body of calcium.

The link between the prevention of bowel cancer and certain foods, such as those high in fibre, has long been known, but the connection with calcium and vitamin D has only just started to come to light.

Report on Federal Study

Vancouver THE WEEKEND SUN in English 15 Feb 86 pp A1, A2

[Article by Margaret Munro]

[Text]

Canadians born today have a one-in-three chance of developing life-threatening cancer, says a federal report on the nation's increasing cancer rate.

The Health and Welfare Canada study, which emphasizes that effective measures to reduce tobacco consumption are urgently required, predictably points to cigarette smoking as the main culprit.

"Life-threatening forms of cancer will develop in at least one of every three Canadian newborns during their lifetimes if current cancer risks are not reduced," says the report.

Cancer is now the leading cause of premature death in Canadian women and the third leading cause in men. Men still die more frequently from premature death caused by accidents and circulatory diseases such as heart attacks.

However, the risk to men of dying from cancer is steadily increasing. In women, the risk had been dropping until 1976 but is now on the rise.

The most dramatic change is "the alarming increase in the risk of death from lung cancer," says Dr. Don Wigle, who conducted the study with three colleagues from the federal Laboratory Centre for Disease Control in Ottawa.

Statistics indicate B.C. women die more often from lung cancer than women in the rest of Canada.

Statistics provided by the B.C. Cancer Control Agency show the incidence of lung cancer in B.C. women was 21.4 per 100,000 in 1980, 24.5 in 1981; 22.8 in 1982, and then 27.6 in 1983.

The rate for B.C. men is more than twice as great: 58.9 per 100,000 in 1980, 59.1 in 1981, 54.3 in 1982 and 57.1 in 1983.

Among males, those in Quebec lead the nation in lung cancer deaths.

But, of all the statistics in the report, the scientists single out as distressing the fact that young women do not appear the least bit affected by the fate of the generation of smokers ahead of them.

"It is discouraging to see almost 50 per cent of young women smoking and no effective control strategies at any level of government," Wigle and his colleagues say in their report, published in the current issue of the Canadian Medical Association Journal.

In an interview, Wigle says polls conducted for the federal health department have found that the number of women in

their 20s who smoke has jumped to 49 per cent in 1985 from 36 per cent in 1983.

Women's affinity for cigarettes appears to be much different than men's, and Wigle says a special effort is needed to address the problem.

Many young women believe smoking is a way to control their weight, "and cigarette ads certainly appeal to that concern," he said. Also, many women begin to smoke in their 20s. Men usually start before the age of 16.

The scientists also point out that there has only been modest progress in the efforts to cure smoking-related cancers. For example, only 11 per cent of lung cancer victims survive for five years, despite the millions of research dollars spent trying to improve treatment.

"Clearly, cancers caused by smoking could be controlled far more effectively through reduction of smoking rather than improvement of therapy." The federal government now spends about \$1 million a year on smoking prevention programs, an investment the researchers feel is inadequate.

"Preventive strategies that include effective measures to reduce tobacco consumption are urgently needed," they say in their report.

Newfoundlanders' eating habits, the nation's farming practices and Canadians' love of sun tans also contribute to the country's cancer profile.

The incidence of skin cancer — which is associated with too much sun tanning — and cancers of the pancreas and rectum, is increasing in

both sexes. In males, the rates of cancers of the large intestine, larynx and prostate are also climbing.

But the situation is not all bad, Wigle says. Cancer of the stomach, cervix and lip have been decreasing significantly.

And, despite the medical evidence, it appears Canadians are starting to make progress in the fight against tobacco.

He says one of the more hopeful indicators is the push for a ban on smoking in the workplace. Also encouraging, he says, is that the per-capita consumption of cigarettes has started to drop, even if young men and women persist in smoking in large numbers.

On another front, he is delighted that an extensive study of the cancer rates among Canadian farmers is under way after almost three years of planning.

The \$200,000-a-year study, funded by health and welfare's pesticide division, involves 360,000 farmers. Preliminary results are expected in about two years and they should help explain why farmers have a greater incidence of prostate cancer than non-farmers. The incidence is highest in Saskatchewan and it appears to be related to the use of pesticides.

In Newfoundland, Wigle says, diets have improved, judging by the dropping rate of stomach cancer. Newfoundland has had Canada's highest stomach cancer rate since 1951. This type of cancer is associated with diets low in Vitamin C and high in rice, pickled vegetables and dried or salted fish.

CANADA

TWO REYE'S SYNDROME DEATHS REPORTED AT LONDON HOSPITAL

Ottawa THE CITIZEN in English 24 Feb 86 p A5

[Text]

LONDON (CP) — Two children have died in a city hospital during the last two months from Reye's syndrome, despite the widespread belief the disease seems to be decreasing due to publicity about a probable link between the illness and acetylsalicylic acid.

But Alan Gee, president of the Reye's Syndrome Association of Canada, said he feels the occurrence of the often-fatal disease may decrease "as long as we don't get hit with an influenza B outbreak and that parents are warned of probable increased risk of Reye's syndrome associated with the use of Aspirin to bring down fever."

Reye's syndrome, an encephalitis-like ailment that strikes mostly children and young adults, usu-

ally follows in the wake of another infection, principally type-B influenza or chicken pox.

Gee said there were four or five cases of the disease in the London area last year. He hopes for a further decrease when proposals for warnings to be printed on labels of all drugs containing acetylsalicylic acid, or ASA, are put into effect.

One of the proposed warning labels, scheduled to go into effect May 30, reads: "Children and teenagers should not use this medicine for chicken-pox or flu symptoms before a doctor is consulted about Reye's syndrome, a rare but serious illness."

A U.S. report says an expected high incidence of Reye's syndrome failed to materialize in that country this year.

/9317
CSO: 5420/59

CANADA

MENINGITIS INCIDENCE, VACCINE APPROVAL DISCUSSED

Toronto THE GLOBE AND MAIL in English 17 Feb 86 p A10

[Article by Stephen Strauss]

[Text]

The federal Government is expected to approve within the next two weeks a vaccine for the most common strain of meningitis — one which struck 414 Canadian children last year.

The disease is especially virulent among Canada's Inuit, who experience a disease rate three or four times higher than the rest of the population.

Five per cent of the disease's victims die and perhaps 30 per cent experience long-term disabilities after the swellings of the brain and nerve linings — the "meninges" which gives the disease its name. These victims may be saddled with life-long conditions ranging from learning disabilities to deafness, blindness, paralysis or severe retardation.

The vaccine would also prevent the ear, throat and other infections caused by a strain officially known haemophilus influenzae meningitis type B or HIB. The studies indicate the vaccine has few side effects.

Unfortunately the vaccine, which has already been approved for use in the United States, is seen by

doctors as only a first step in controlling the most common of the bacterially spread types meningitis — HIB.

While the new treatment is effective in children above the age of 2, the immune system of younger children don't let them develop antibodies after injections.

Work is continuing to develop a more effective vaccine Dr. John Furesz, director the federal bureau of biologics, said. Clinical test are already under way in Alaska with Inuit there and northern Canadian trials are being planned.

"We eventually hope to have a meningitis (vaccination) join the usual battery of diptheria, polio, small pox and other vaccinations which are given to children," Dr. Furesz said.

HIB accounts for about 40 per cent of the reported meningitis cases occurring in Canada in a given year. The others are caused by different bacteria or by virus including measles, polio and mumps. These manifestations of meningitis are not restricted to children.

Onset of the illness is signaled by flu-like symptoms.

/9317
CSO: 5420/59

CANADA

FLU OUTBREAK CAUSES CUTBACKS AT TWO ONTARIO HOSPITALS

Kingston General Hospital

Toronto THE SUNDAY STAR in English 16 Feb 86 p A6

[Text]

KINGSTON (CP) — An influenza outbreak in this area has reached epidemic proportions, forcing Kingston General Hospital to cancel elective admissions for the second weekend in a row.

Dr. David Mowat, medical officer of health at the Kingston-area health unit, said laboratory tests have identified the illness as "classic influenza" and that its incidence now "would qualify as an epidemic."

Kingston General Hospital imposed a four-day freeze on non-emergency admissions a week ago as employees succumbed to the flu in large numbers. The freeze was lifted Tuesday, but reinstated Friday following a resurgence of the illness among employees.

"Our sick calls (from staff) were up again on Wednesday and Thursday, with between 50 and 60 people unable to come to work," hospital spokesman Connie Leeman said.

"That's more than 4 per cent of hospital staff."

The present freeze will last at least through tomorrow, she said.

A spokesman for the Kingston-area separate school board said the flu outbreak appeared to be the worst in recent years, with 20 to 40 per cent of the 5,200 students away at any one time.

Nursing home residents and Canadian Forces personnel have also experienced a higher than normal incidence of flu in the last two weeks, Mowat said.

Influenza-like diseases have also plagued Metro Toronto-area medical institutions recently, including Mount Sinai Hospital, St. Joseph's Health Centre, the Clarke Institute of Psychiatry and Riverdale Hospital.

All these facilities are now functioning normally after freezes on admissions and postponement of some elective surgery.

7 April 1986

Sault Ste Marie General

Toronto THE GLOBE AND MAIL in English 27 Feb 86 p A22

[Text]

The cancellation of minor surgery at the Sault Ste. Marie General Hospital has been extended at least until tomorrow because of a flu outbreak.

The decision to cancel the surgery, which was made Friday and took effect Monday, was made necessary by a high absentee rate among staff, hospital officials said. Yesterday, a hospital spokesman said the situation had not improved. A decision on whether to proceed with surgery will be made tomorrow.

The hospital spokesman said staff seem to be suffering from an influenza-like virus. The hospital refused to give figures, but said the absentee rate is two to three times normal.

/9317

CSO: 5420/58

CANADA

WOMAN'S VIRUS BELIEVED LINKED TO PARAKEET'S PSITTACOSIS

Toronto THE TORONTO STAR in English 25 Feb 86 p A7

[Article by Alfred Holden]

[Text]

The Etobicoke distribution centre of Hartz Canada Inc. may be the source of a virus that infected a shipment of budgies to northern Ontario and spread to a Kenora-area woman, health officials suspect.

The officials have ordered about 1,000 parakeets awaiting shipment at the Hartz depot on Rexdale Blvd. quarantined and treated for the virus, called psittacosis.

The birds' feces tested positive for the disease — common in birds, but rarely contracted by humans, officials said.

The woman is believed to have caught psittacosis from a parakeet bought at a Kenora Woolworth's store in December.

'On mend'

She is "on the mend," and no further cases of the flu-like disease have surfaced in the Kenora area, Herbert Mason, public health inspector for the province's Northwestern Health Unit, said.

But officials are anxious to trace the virus. Its symptoms — chills, fever, headaches and coughing — resemble pneumonia and can be fatal to the elderly or people with weak immune systems.

The Kenora parakeet was part of an infected shipment of 96 birds that may have come from the Etobicoke depot in November.

Of the 96 birds, 11 were known to have been sold, 36 died at the two stores that received the shipment and the rest were destroyed.

Mason said he believes the parakeets were imported, but a Hartz spokesman said all were raised in Canada "by various breeders at various locations."

Some of the birds may not have passed though the Rexdale depot, according to the Hartz official.

Firm co-operating

Feeding seed fortified with the drug tetracycline to parakeets now at the depot "should clear up any (virus) problem" and make them safe for shipment, Howard Schaub, Etobicoke's director of public health inspection, said.

The birds are worth \$15 to \$20 each at the retail level.

Mason said Hartz officials in Toronto and St. Thomas, where birds imported by the company arrive in Canada, are co-operating with the investigation. Hartz is a wholesaler of pets and pet supplies.

The Hartz spokesman said he was unaware of laboratory tests showing the virus is present at the company's depot. "The report we had was that the results were negative," he added.

He suggested the birds may have come down with the disease because of hardships suffered during shipping.

/9317
CSO: 5420/60

CANADA

BRIEFS

PENTICTON-SUMMERLAND AREA MEASLES--An outbreak of red measles affecting young people could be linked to half-doses of measles vaccine given in British Columbia schools in the early seventies, a health official said. There have been 83 cases of red measles reported in the Penticton-Summerland area since Jan 8, most of them among people 10 to 20 years of age, said Diane McGillivray, a public health nurse for the South Okanagan Health Unit. Terry Moran, information officer for the Ministry of Health in Victoria said half-doses and passive immunization--using killed rather than active measles vaccine--were used in B.C. prior to 1975. [Text]
[Toronto THE GLOBE AND MAIL in English 21 Feb 86 p A2] /9317

CSO: 5420/59

COLOMBIA

BRIEFS

32 TYPHOID CASES REPORTED--Thirty-two cases of typhoid fever have been reported in the last few weeks in the Britalia section, which has prompted the authorities to declare a health emergency in the area and to adopt strict measures to halt the spread of the disease. Even though Health Secretary Rafael Antonio Sanchez Arteaga has stated that this represents only a "severe, controllable crisis," the head nurse of Britalia's Health Center No. 68 reported that there was one case of typhoid fever per day in the last week, which points up the seriousness of the emergency. The problem is even more serious when it is considered that three more cases of typhoid have been reported this week all the way across town from Britalia, in the Belen section, one of which has been confirmed and the other two are under observation in a clinic in Bogota. The health secretary for Bogota has reported that for the period from 10 October, when the health emergency was declared because of the case at the Britalia school, up through early December, ten persons were reported stricken by typhoid, with 22 cases reported in the most recent weeks, especially among children. This results, according to Sanchez Arteaga, from the negligence of the local community in not following the recommendations of the health authorities for follow-up reinforcement shots of the antityphoid vaccine, for cleaning out septic tanks, and for preventing the buildup of wastes. [Excerpt] [Bogota EL TIEMPO in Spanish 29 Jan 86 p 12-C] 12430/9738

CSO: 5400/2037

FRANCE

HIGH PERCENTAGE PRISON POPULATION INFECTED WITH AIDS

Paris LE MONDE in French 15 Feb 86 p 32

[Article by Dr Escoffier Lambiotte: "More than Half the Drug Addict Prisoners Are Infected With AIDS Virus"]

[Text] More than half the male and female prisoners who have been intravenous drug users (57 percent) are infected with AIDS virus, according to the results of screening carried out in several of the largest French prisons. These drug users represent, depending on the prison, 10 to 30 percent of the prison population.

Thus we can estimate that 5 to 20 percent of all French prisoners are infected with LAV virus, which represents a considerable percentage compared to blood donors in the entire country (1.25 per thousand donors are infected; this level varies from 3.3 per thousand in the Paris area to 0 per thousand in rural areas).

The prison environment is a reservoir of potential infection, and this fact, discussed this week at the French Society of Legal Medicine and Criminology by Doctors M. Benezech (who runs the regional medical/psychological center of the Bordeaux-Gradignan prison), P. Rager, P. Dustasta, A. Andrieux-Laclavetine and B. Lalanne (all of the medical department of the Bordeaux-Gradignan prison), can no longer be ignored.

The institution of specific and rigorous measures concerning hygiene and health safety in the prisons has been called for.

These measures have been adopted in Bordeaux, where screening for syphilis, hepatitis B and AIDS (anti-LAV antibodies) is carried out routinely (paid for by the prison budget). One-fourth of the prisoners infected with AIDS virus are ill. Treatment of "opportunistic" infections (caused by fungi such as Candida or organisms whose growth is favored by a weakened immune system) is carried out in the medical section of the prison. When the prisoner is severely affected, he is sent, upon release, to a department specializing in the treatment of AIDS. Otherwise the Fresnes hospital takes responsibility. Two prisoners who were drug users died recently from AIDS at Saint-Antoine Hospital, where autopsy confirmed the diagnosis.

The Bordeaux medical team routinely informs each prisoner who has a positive AIDS virus screening test of his condition. He is sent a notice regarding the strict hygienic precautions which must be observed. If he gives his consent, the team meets with his family and also informs them.

Since medical confidentiality is observed in prison as it should be elsewhere, guards as well as cell-mates, who cannot be told about the infected prisoner's disease, need to adopt general hygiene measures.

Homosexuality, self-mutilation involving bleeding, tattoos, borrowing toilet articles, even hidden syringes are frequent in prison, where they constitute situations particularly favorable to the spread of infection. Guards as well as prisoners may be exposed to contact with blood in situations involving self-mutilation or bodily injuries.

Dr Benezech and his colleagues emphasize the importance of wearing gloves in these situations, for the guards as well as the prisoners, when they must handle an injured person or clean blood-stained floors or clothing. A joint "Justice-Health" note of last 5 September also specified that, in this case, there are grounds for proceeding with immediate disinfection. In addition, all medical waste from the Bordeaux prison is incinerated. Such measures are far from being adopted in all French prisons, "where hygiene remains mediocre despite the fact that the population they house is at high epidemiologic risk."

The example of Bordeaux Gradignan demonstrates that "it is unacceptable that AIDS remain a national taboo, to the point where we choose to ignore it at the risk of causing the uncontrollable spread of the infection."

In this prison, the prevalence of the problem has led to the adoption of common sense measures, precautions which appear to be possible to adopt everywhere. The current policy of routinely screening and informing the prisoners constitutes an essential condition, in the opinion of the medical team, for limiting a threat which, without these measures, would affect not only the health of prisoners but also that of their families, associates, and all those who work in prisons as well.

"Dedramatizing," said Dr Benezech, "is neither hiding the truth nor minimizing the danger of spread. It is by making the involved people responsible at all levels that we can hope to conquer fear and stop the epidemic."

This attitude is, unfortunately, not prevalent in French prisons, where the health problem posed by the spread of AIDS is far from being resolved. The responsible authorities have not yet taken any specific actions on this subject, preferring to downplay it, whereas the situation is undoubtedly worrisome and it will be difficult to tolerate its "being allowed to develop further."

13146/9738
CSO: 5400/2531

INDIA

BRIEFS

MYSTERIOUS FATAL DISEASE--Rajkot, February 27 (UNI)--A mysterious killer disease has claimed over 12 lives in the port town of Veraval in Junagadh district during the last fortnight. They were all under treatment. According to a report from Veraval, the victims of this disease get high fever and vomiting and die within hours of its attack. Health authorities at Junagadh have sent investigating teams and their reports are awaited. Meanwhile, a spokesman for the municipal hospital at Veraval told UNI on the telephone that six people were admitted here today with symptoms close to meningitis, and they all were responding to the treatment. [text]
[Bombay THE TIMES OF INDIA in English 28 Feb 86 p 4] /9274

CSO: 5450/0122

IRELAND

BRIEFS

FLU VIRUS--An aggressive strain of flu virus now spreading across the country is still a puzzle to doctors and medical scientists investigating it. Sufferers, apart from a general feeling of being unwell, are also afflicted with headaches, back pains and shivers. Coughing, vomiting and even loss of appetite are included in the symptoms, which one doctor said yesterday may last up to one week. Although it is widely suspected that the virus is the Filipino Flu or Asian Flu, it has not yet been positively identified as such. A spokesman for the Department of Health said that a report from the Virus Reference Laboratory at UCD was expected before the weekend. [Excerpt] [Dublin IRISH INDEPENDENT in English 26 Feb 86 p 7] /9317

CSO: 5440/058

JAMAICA

CHILDREN DIED FROM LOW BLOOD SUGAR, AUTOPSIES FIND

Kingston THE DAILY GLEANER in English 1 Mar 86 p 1

[Text]

The cause of death of the St. Thomas children is said to be low blood sugar.

Post-mortem examinations on the five children who died between February 14 and 18 took place on Tuesday and Wednesday and preliminary reports were that there was no pesticide or poison in the contents of the stomach. Viral and bacterial studies were also carried out by the investigating team.

Reports on the diet history of the children stated that some of them had eaten ackee which produces a substance that could result in a fall of the blood sugar.

The **Gleaner** was told by sources close to the situation that two-thirds of the first group of children who had died ate ackee and young yam. It was stated that the cause of death of the children was low blood sugar.

In light of this the public is being warned not to use unopened ackees and not to cook food in the same water in which the ackee is boiled. In addition people must be careful about the eating of yam.

The clinical picture presented was that of vomiting sickness which was

common during the months of February and March. The **Gleaner** was told that the symptoms presented could be produced by low blood sugar. There was a substance in ackee and young yam that could cause the blood sugar to fall.

A similar situation occurred in the death of the two children from St. Mary last week. Two families of five persons each, were affected. Both families ate ackee and young yam.

Reports on the St. Thomas children were that all went to bed apparently well but woke up next morning complaining of stomach pains and vomiting. Three of them were taken to the Princess Margaret Hospital where they died and the other two, who were transferred to the Bustramante Hospital for Children, died on February 18.

The two children from St. Mary died on February 20 after they started vomiting and were given worm medicine by their mother.

The cause of death of six-year-old Oneal Han of Westmoreland has not yet been ascertained.

/9274

CSO: 5440/061

JAMAICA

CHILDREN DYING OF 'MYSTERIOUS' CAUSES IN ST THOMAS PARISH

Kingston THE DAILY GLEANER in English 22 Feb 86 p 1

[Text]

Two children from St. Thomas died in the Bustamante Hospital for Children on Tuesday night after suffering from stomach pains and vomiting.

This brings to five the number of children from that parish now dead as three others who suffered from a similar complaint died in the Princess Margaret Hospital last week.

Post-mortem examinations are to be carried out next week on the bodies of all five children who died over the past week from unknown causes.

Investigations into the deaths are being carried out by a team from the Ministry of Health and indications are that they appeared to have been suffering from "vomiting sickness".

The **Gleaner** was told by sources close to the situation that on the spot checks were being made and that a team had visited the area. It was also explained that this was the time of year when ackee poisoning was common. The other alternative being looked at was pesticide poisoning as several such cases had occurred in St. Thomas.

There were reports that the autopsy on the bodies of the first three

children who died in St. Thomas was not done on Thursday because of a shortage of containers in which to put specimens. Checks revealed that the situation was not critical and that arrangements were being made to have the autopsy done next week.

The **Gleaner** was told that the post mortem examinations would be done early next week "as soon as they can be arranged."

Two of the children affected died within four hours after reaching the Bustamante Hospital for Children. These were Annesta Gordon and Omar Williams. The other three, Sereta Berger, 6, of Richmond Gap, Omar Gordon, 3, of Llandewey and McLeish Douglas, 4, of Danvers Pen were taken to the Princess Margaret Hospital where they died.

Reports are that the children all went to bed apparently well but woke up next morning complaining of stomach pains and vomiting.

Minister of the Public Service and Member of Parliament for Western St. Thomas, the Hon. Errol Anderson, has expressed concern about the death of the children. In a release on Thursday, he said he was in contact with the Acting Medical Officer of Health for St. Thomas, Dr. Eva Fuller who was conducting investigations.

/9317

CSO: 5440/056

LIBERIA

LASSA FEVER, MENINGOCUS MENINGITIS EPIDEMICS IN LOFA COUNTY

Monrovia NEW LIBERIAN in English 27 Feb 86 pp 1, 6

[Text]

Several persons are reported dying in Zorzor District, Lofa County, as a result of two "deadly diseases" that hit the area recently, the DAILY STAR news paper reported here yesterday.

The diseases, "Lassa and Meningococcus Meningitis", are said to have claimed the lives of many persons in the district about 190 miles north-west of Monrovia.

The paper quoted the medical director at the Curran Hospital in Zorzor, Dr. Korathu Alexander, as saying that several persons taken to the hospital after being attacked by the diseases died before they could be treated.

Dr. Alexander noted that out of every four persons taken to the hospital, only one could possibly survive.

He said since the

outbreak of the diseases recently, about two to three patients die almost weekly after contacting the diseases.

Dr. Alexander described the Lassa virus as a "type of contagious disease found in the urine, saliva and faces of parts that are transferred from person to person through respiratory or physical contact".

He explained that the symptoms of the disease, when contracted, are: "sore throat, fever and ringing of the ears".

He further explained that "very few" of those who are attacked "are lucky to survive for more than 14 days from the day of attack.

Dr. Alexander later described the "meningococcus Meningitis" as a "contagious disease which covers the entire brain, spinal

cord, and gives its victims lumber-uncure".

He said two out of every six persons infected by the disease "are lucky to survive" for ten days after being attacked.

He hinted that both diseases were being brought into the country from neighbouring Guinea which borders Zorzor District.

Lassa fever broke out in the same area in 1968 with a considerable toll, and killed a female American missionary nurse there in 1972.

In a brief telephone interview last night, the Chief Executive Officer at the J.F. Kennedy Medical Center in Monrovia, Dr. Walter Brumskine, described the disease as "fatal" and highly contagious.

He said cure is possible only if it is diagnosed early and given the appropriate treatment.

LIBERIA

HEALTH MINISTRY DENIES LASSA FEVER EPIDEMIC REPORTS

Monrovia NEW LIBERIAN in English 6 Mar 86 pp 1, 6

[Text] The Ministry of Health and Social Welfare has described as "false and misleading" a front page report in the DAILY STAR newspaper last week entitled: "deadly diseases hit Lofa... several persons reported dead."

The DAILY STAR had alleged in its Wednesday, February 26 edition that "two deadly diseases known as Lassa Fever and Meningococcus Meningitis which are widely spreading in Zorzor District, Lofa County, are said to have claimed the lives of many persons in the district."

Acting Health Minister J. Boima Barclay told journalists Tuesday that the story was "unfounded, sensational and purposely designed to bring panic among the citizens of the district and drive away possible investors from Lofa County."

Minister Barclay also denied that there was any outbreak of the two diseases in Zorzor District and

that these diseases had claimed the lives of citizens in the area.

He explained that reports from a two-man medical delegation sent to investigate news of the disease outbreak last week had revealed that life in "that part of the country was very normal" and that citizens were unaware of such diseases in the area.

The Medical Director for Montserrado County Dr. Samuel D. Sasraku who was one of the medical personnel dispatched to Zorzor District last week on a fact finding mission, said they spoke with many persons including doctors, nurses, patients and citizens who expressed surprise about the news that such an outbreak had occurred in the district.

The Acting Chief Medical Officer at the Health Ministry, Dr. Moses K. Galakpai confirmed that Lassa Fever hit Zorzor Dis-

strict in 1972 and that some lives, including that of American Lutheran Missionary nurse Esther Bacon, founding member of the nursing school in Zorzor.

He however, said since that time, the health ministry had taken steps to control the disease to the point that his ministry could "safely say there was no cause for alarm about the two diseases anywhere in the country.

The medical director of the Curran Hospital in Zorzor City, Dr. Korathu Alexander, in a letter to Minister Belleh dated February 28 also denied that there was any outbreak of the diseases in the area, Mr. Barclay said.

Meanwhile, the Health Ministry is appealing to citizens to always confirm things of interest to the ministry before coming out with a release in the press, thereby causing "uneasiness" among the population.

/12851

CSO: 5400/94

MEXICO

BRIEFS

GUADALAJARA AIDS CASES--Guadalajara, Jalisco, 2 January--Dr Eduardo Rodrigo Noriega has claimed that a total of 25 cases of acquired immune deficiency syndrome [AIDS] have been detected in this state, primarily among homosexuals; and, of that total, only seven persons have survived. The physician reported that, last year, three cases were treated at the Civil Hospital, five others at a social security clinic, one at the West General Hospital, and another at the Zapopan Civil Hospital; as well as six at private clinics, and seven cases at the El Carmen Private Sanatorium. He added that there is evidence of other AIDS cases among persons who have sought treatment elsewhere, "although the disease has no cure," because, in the United States, during the past 4 years, approximately 5,600 of the 14,000 victims discovered died. [Excerpt] [Mexico City EXCELSIOR in Spanish 3 Jan 86 STATES section pp 1, 2] 2909

VIRAL HEPATITIS IN TAMAULIPAS--Rio Bravo, Tamaulipas, 14 February--Six cases of viral hepatitis have been detected by personnel from this town's health center; and the necessary measures have been adopted to form an epidemiological cordon that will prevent the spread of the disease in the region. The foregoing was reported by the head of that center, Leandro Quintero Macias, who remarked that it was at the Luis Cabrera School in this town that the disease was reported. [Excerpt] [Mexico City EXCELSIOR in Spanish 15 Feb 86 STATES section p 3] 2909

CSO: 5400/2009

PAPUA NEW GUINEA

ENGA REPORTS TYPHOID EPIDEMIC

Port Moresby PAPUA NEW GUINEA POST COURIER in English 4 Mar 86 p 2

[Text]

More than 200 typhoid cases have been reported in Enga and now Wabag health authorities have closed the province's markets and restaurants.

Enga's assistant secretary for health, Dr Fleming Larsen, yesterday said all gatherings — such as feasts and parties — should be avoided until the epidemic was brought under control.

Typhoid had been a constant threat to the province, said Dr Larsen, and people had been urged to use proper toilet facilities to avoid spreading the disease.

He suspected that at least 10 people had already died from typhoid, but this figure could not be confirmed.

The Enga people, although concerned about the epidemic, are not in favor of the markets' closure, but the health authorities said they would not yield to public pressure.

Meanwhile, a top Port Moresby doctor has said only one in 10 babies in the National Capital District were being vaccinated against measles.

Secretary for Health Dr Quentin Reilly said full advantage had not been taken of a revolutionary vaccine first prepared in 1983.

Four children aged under four have died this year from measles.

The vaccine is free and available at health clinics.

Dr Reilly said babies should be immunised at nine months.

He urged parents to take advantage of the free service at clinics and get their children vaccinated.

In 1984, health workers injected 26.2 per cent of an estimated 110,880 babies and children.

Dr Reilly said measles was a serious concern in Port Moresby, Central

Province and West New Britain.

It spread quickly in conditions where a number of people were crowded into one room and where sanitation was poor.

"In the villages, people are more spread out and the sanitation is not so critical, but the towns and cities face a problem."

In West New Britain, health authorities are in conflict over how many people have died in the latest measles outbreak.

Provincial health officer Kichawin Chakumai had no official reports of any deaths.

But health minister Ben Mataio has claimed 24 people have died of measles at Kimbe Hospital.

PAPUA NEW GUINEA

TYPHOID DEATHS REPORTED

Port Moresby PAPUA NEW GUINEA POST COURIER in English 12 Mar 86 p 9

[Article by Luke Sela]

[Text]

NINETEEN people have died from typhoid in Enga since December.

The provincial health officer Dr Fleming Larsen, yesterday said there was no end to controlling the epidemic, which had put 35 people in hospital.

Five were admitted yesterday.

Dr Larsen said, five had died in the last three weeks, making 18 dead since January.

One had died in December when typhoid first broke out.

Most of the dead had been confined to the Laiagam district, but last week three new typhoid cases were re-

ported at Kandep health centre.

"A patrol into Yengiyengi area of Laiagam reported 10 people dying of typhoid," Dr Larsen said.

"But the rest have been reported from health centres also in the Laiagam district."

A staff shortage and few typhoid vaccines had hampered efforts to bring the epidemic under control.

"We are two Government doctors short, two

mission doctors and one health inspector short.

"The disease control officer has resigned to contest the provincial elections," continued Dr Larsen.

"There is shortage of typhoid vaccines in the country, and I have asked the Health Department to fly in more.

"When they arrive, I will ask neighboring provinces to help with the vaccination program.

"In the meantime, we have a daily program on Radio Enga to tell the public to observe basic hygiene rules, boil their drinking water, wash their hands, keep public markets closed and refrain from holding feasts," Dr Larsen added.

/9274
CSO: 5400/4361

PAPUA NEW GUINEA

TYPHOID EPIDEMIC ABATES

Port Moresby PAPUA NEW GUINEA POST COURIER in English 13 Mar 86 p 11

[Article by Elizabeth Kogomoni]

[Text]

TYPHOID outbreaks are under control. Health Minister Mr Wes yesterday said this applied to the whole country.

And the Health Department was trying its best "with limited resources" to prevent future outbreaks at grass roots level.

Mr Wes said the department had helped city authorities to form committees to co-ordinate activities during the outbreaks.

In Port Moresby, the first outbreak was reported at a settlement in the Mount Diamond area and the Seventh Day Adventist University College towards the end of 1984.

The second was in a Laloki settlement last June.

The third outbreak occurred in a Six-Mile settlement last December and the last was again reported in Mount Diamond.

Mr Wes said few people had died of the disease.

In Enga, outbreaks were reported in the Laiagam and Muritaka areas, where 200 patients had been treated.

All the outbreaks in Port Moresby occurred in settlements, where there were no proper toilets and water supply.

The Government could not improve sanitation because the settlements were on customary land.

/9274

CSO: 5400/4361

7 April 1986

PAPUA NEW GUINEA

MEASLES OUTBREAK IN PORT MORESBY

Port Moresby PAPUA NEW GUINEA POST COURIER in English 3 Mar 86 p 2

[Text]

Four children have died so far at Port Moresby General Hospital in the latest outbreak of measles, a specialist in children's diseases has reported.

Doctor John Biddulph said the children under the age of four died between January and February after being attacked by measles.

"There has been a sudden increase in the attack on children in recent months," Dr Biddulph said.

He said the community could expect a measles epidemic every three years and the present epidemic was the first in three years.

"The unusual part of it this time is that between January and February, 40 children were admitted to the hospital very sick after being attacked by measles," Dr Biddulph said.

"For every child that is admitted into hospital, you can say another 10 have been admitted and discharged because they were not seen to be very sick."

Symptoms

Dr Biddulph said it was important for pa-

rents to understand the need to immunise their children to prevent them suffering from measles.

"Children at nine months must be immunised to prevent them from catching measles," he said.

The symptoms of the sickness are fever, sore eyes, running nose and cough, and the child will be sick for four days before rashes appear on his or her body.

Dr Biddulph said the present epidemic in Port Moresby should make parents realise the importance of preventing children from catching the disease.

He urged parents to take their children to the public clinics at Gordon, Kaugere, Boroko and elsewhere in the city to get immunised free of charge.

/9317

CSO: 5400/4358

7 April 1986

PAPUA NEW GUINEA

MEASLES EPIDEMIC DEATHS REPORTED

Port Moresby PAPUA NEW GUINEA POST COURIER in English 10 Mar 86 p 3

[Text]

Sixty-two children aged between six months and three years old have died from measles in West New Britain since November.

The province's health minister, Mr Ben Mataio said 50 deaths were recorded at Kimbe General Hospital, nine at Valoka health centre and three at Bialla.

Many parents had left their children to die in the hospital.

Nearly 530 children had been treated for measles throughout the

province — the highest number at Bialla with 385 and then Kimbe with 144.

Mr Mataio said his department was carrying out an immunisation program, which had started at Bialla.

Immunisations had begun in January and were progressing well.

The disease was now under control, he claimed.

Many children were being treated at Kimbe hospital, as well as throughout the province.

But figures had dropped drastically.

/9274

CSO: 5400/4361

PEOPLE'S REPUBLIC OF CHINA

LIAONING REDUCES ENDEMIC DISEASES INCIDENCE

OW230807 Beijing XINHUA in English 0722 GMT 23 Feb 86

[Text] Beijing, 23 Feb (XINHUA)--The incidence of four endemic diseases has dropped markedly in Northeast China's Liaoning Province in the last five years, according to HEALTH NEWS.

The province reduced endemic goiter (an enlargement of the thyroid gland causing swelling in the front part of the neck) by 35.5 percent last year, compared to 1980.

As the disease is caused by a low content of iodine in the diet, health and commercial departments cooperated to ensure that over 98 percent of the local people have table salt with iodine additive.

There has been not a single new case of Keshan disease (an endemic heart disease) for four years in the province, according to the paper.

Patients with osteoarthritis deforms (a condition marked by thickening of the joints and softening of the articular ends of bones) are 29 percent fewer than in 1980.

The province has also built 515 waterworks to supply clean drinking water to 300,000 rural people and eradicate fluorine poisoning. Chronic exposure to a high content of fluoring damages teeth and bones.

/6662

CSO: 5400/4106

PEOPLE'S REPUBLIC OF CHINA

HENAN CONTROLS ENDEMIC, INFECTIOUS DISEASES

OW261209 Beijing XINHUA in English 1049 GMT 26 Feb 86

[Text] Beijing, 26 Feb (XINHUA)--Henan Province has effectively brought endemic and infectious diseases under control over the past five years, according to the provincial health bureau.

Bureau officials said that China's second most populous province with almost 75 million people had three million cases of endemic goiter five years ago, one-fourth of China's total. Medical workers have located and cured 2.6 million in recent years.

Goiter results from chronic lack of iodine, so health and commercial departments have made joint efforts to supply table salt with added iodine in the 67 counties which had a high incidence of the endemic disease.

To control fluorine poisoning, another major endemic ailment in the province, Henan has built new water supply systems for 1,410 villages with a total population of 1,680,000. The high fluorine content of the drinking water etches and discolors the teeth of children and softens bones in adults.

Incidence of malaria has been reduced by 95.2 percent between 1980 and 1985, as the local government has carried out campaigns to eradicate mosquitoes and eliminate their breeding grounds.

Incidence of meningitis had dropped 75 percent last year compared to 1984 after the vaccination of 22 million children under 15 years of age had been carried out. Cerebrospinal meningitis is usually fatal to children.

/6662
CSO: 5400/4106

PEOPLE'S REPUBLIC OF CHINA

CUI YUELI ON PROGRESS AGAINST INFECTIOUS DISEASES

OW271600 Beijing XINHUA in English 1525 GMT 27 Jan 86

[Text] Beijing, 27 Jan (XINHUA)--China's long and hard fight against infectious and parasitic diseases achieved some victories last year as cases of diphtheria dropped 59 percent, measles (?30) percent, and malaria 39 percent from 1984.

Cui Yueli, minister of public health, said today at a meeting on provincial medical [words indistinct] that cases of China's 24 acute infectious diseases dropped 16 percent and the death rate 11 percent from 1984.

Also last year, he said, leprosy cases dropped 10 percent, 34 counties wiped out snail fever, and [words indistinct] Fuzhou Province and Guangxi Autonomous Region eliminated filaria--worm parasites in the blood.

Cui said that in recent years medical institutions throughout China have increasingly concentrated on precaution. As a result, he said, water quality has been widely improved and many sources of epidemic disease have [words indistinct].

"These achievements, made with great effort, have brought countless benefits to the people," said Cui.

According to the Seventh 5-Year Plan, which begins this year, the Ministry of Public Health will try to eliminate filaria and abolish or control leprosy in 75 percent of the counties and cities where it exists.

The ministry also plans to eliminate pernicious malaria in the provinces of Tiangsu, Henan and Anhui.

/6662
CSO: 5400/4106

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

JIANGSU LEPROSY PREVENTION--A provincial meeting on prevention and treatment of leprosy was held 18-20 January in Zhenjiang City. According to an official of the provincial public health bureau, the incidence rate of leprosy in Jiangsu fell from 5.76 per 100,000 in 1956-1960 to 0.32 per 100,000 in 1980-1984. [Summary] [Nanjing Jiangsu Provincial Service in Mandarin 1100 GMT 20 Jan 86 OW] /6662

HYGIENE WORK--China made progress in hygiene, disease prevention work in 1985. The incidence rate of contagious diseases in 1985 was lowered by 16.2 percent as compared with 1984, death rate by 12.6 percent; incidence of diphtheria, whooping cough, and measles fell between 37-60 percent. Fewer patients of filariasis and malaria reported than in the early days of the republic; leprosy patients were reduced to 100,000 from a height of 500,000. The prevention and the treatment of the plague leads the world. The incidence rate of Keshan disease showed a marked decline. Snail fever was wiped out in most parts of the country. Goiter was basically under control of 12 provinces and municipalities. [Summary] [Beijing Domestic Service in Mandarin 1200 GMT 12 Jan 86 OW] /6662

SHAANXI HEMORRHAGIC FEVER REDUCTION--Beijing, 25 Feb (XINHUA)--The incidence of hemorrhagic fever dropped 44 percent in Shaanxi Province last year, compared to 1984, according to the paper HEALTH NEWS. The disease, characterized by a sudden onset of fever, headache, backache, and bleeding, is spread by rats and epidemic in Shaanxi Province. Local government appropriated 500,000 yuan for the prevention and treatment of the disease and mobilized the people into a campaign to kill rats. Local health departments also undertook to train first-aid personnel. As a result, the density of the rat population in most of the infested areas was down to less than 5 percent and the incidence of the disease was drastically cut. [Text] [Beijing XINHUA in English 0842 GMT 25 Feb 86 OW] /6662

CSO: 5400/4106

PORTUGAL

BRIEFS

PERCENTAGE OF PHYSICIANS--In Portugal there is one physician per 400 persons, a proportion that is considered satisfactory when compared with other European countries. The proportion in Spain, where there are nearly 20,000 physicians out of work, is 1 per 300, while it is 1 per 260 in Italy, according to last year's data. Greece and Belgium have approximately one physician per 350 persons. As for Portugal, the number of physicians reaches 250,000, a figure that is not considered too high by the competent organisms. [Excerpts]
[Lisbon DIARIO DE NOTICIAS in Portuguese 25 Feb 86 p 11] /8309

CSO: 5400/2533

SOUTH AFRICA

FOURTEEN AIDS DEATHS REPORTED IN NATION

Johannesburg THE CITIZEN in English 6 Mar 86 p 4

[Text]

CAPE TOWN. — There have been 21 cases of Aids (Acquired Immune Deficiency Syndrome) in South Africa, with 14 deaths from the disease, said Dr F P Retief, Director-General of National Health and Population Development.

In his 1985 annual report, tabled in Parliament yesterday, Dr Retief said the first case of this feared disease occurred in South Africa in 1982.

Up to, and including September 1985, 21 men had been diagnosed as having Aids, of whom 14 had died. There were no female cases.

Four of the men were heterosexuals, of whom three had had some contact with Zaire. One man was bisexual and the remaining 16 had homosex-

ual contact abroad or with foreigners inside South Africa.

Of the 21 patients, 20 were White and one was a Black man.

One case was known in which transmission was probably due to blood transfusion. The donor was traced and it was ensured that no other individual had or could acquire the disease from him.

Any advisory group on Aids, which included top experts from various disciplines, was set up in 1985. It assembled information on all aspects of the disease and maintained close contact with similar organisations abroad.

"The primary function of the group is to advise the Department of Health on measures to be taken to contain Aids," said Dr Retief.

"It endeavours to make the general public aware of the disease, keeps those at high risk informed about dangerous practices, and discourages them from donating blood.

"The group has taken on the responsibility of keeping the disease under close surveillance."

Health personnel had also been advised on practical preventive measures to be taken when dealing with patients and their body fluids.

Dealing with Congo Fever, Dr Retief said the first South African case was diagnosed in February 1981. Since then a further 22 cases had been diagnosed.

Of these 23 patients, seven had died, "probably of this disease", Dr Retief said.

/9317
CSO: 5400/85

SOUTH AFRICA

BRIEFS

MALARIA IN KWAZULU--Two cases of malaria have occurred in the Mahlabathini district in Kwazulu. Kwazulu's medical officers for communicable diseases, Dr Murray Short, said about 80 000 houses in the Ingwavuma and Lebombo districts which border on Mozambique, would be sprayed with insecticide to kill mosquitoes. [Text] [East London DAILY DISPATCH in English 28 Feb 86 p 17] /13104

CSO: 5400/88

7 April 1986

ST LUCIA

OPERATIONS OF PARASITE EPIDEMIOLOGY PROJECT REVIEWED

Castries THE WEEKEND VOICE in English 15 Feb 86 Primary Health Care
Supplement pp 3, 7

[Article by Dr Donald Bundy]

[Text]

A major platform of the Primary Health Care strategy is the encouragement of full participation by the community in achieving health goals.

Community participation can only be successfully developed, however, if the community recognises a need for improvements in health, and if the means for improving health are affordable and produce tangible results. It is now widely recognised that the control of worm infections is one health area in which communities are keen to participate, and which can provide a "point of entry" for other health care programmes.

The Ministry of Health has therefore encouraged the development of locally appropriate methods for controlling worm infection in the community through the activities of the Wellcome Trust Parasite Epidemiology Project based at the Morne Complex. This Project, funded by the Wellcome Trust (UK), is a component of the extra-mural programme of the University of the West Indies and works in close collaboration with the Government of St Lucia Primary Health Care Development Project. The major aim of the Wellcome Health Project is to develop affordable and rational methods of controlling parasites through a better understanding of the ways in which disease are transmitted in communities.

It is commonly thought that the methods for controlling most of the common infections diseases already exist. It is certainly true that it is possible to cure worm infections with readily available tablets, and prevent mumps, rubella, measles and polio with vaccinations. Improving the health of individuals in this way, however, is a very different problem from improving the health of a community. For example, if treatment is given to someone living in a village where worm infections are common that a person will be cured but will soon find himself reinfected.

The 'cure' is a very temporary affair indeed. What is required is an affordable treatment programme which will improve the conditions for the whole community.

The Wellcome Health Project has developed two (2) rational procedures for community treatment based on focussing treatment on the individuals or groups which are the major source of infection to others. These control procedures are currently being used in Anse-La-Raye and Dennery, and related programmes are being developed for Boguis and Canaries.

The practically useful results of these studies may be adopted by the Primary Health Care Development Project for more general implementation. In a similar manner, the Wellcome Parasite Epidemiology Project is currently working with the Ministry of Health to identify the optimum strategy for the continuing Mumps, Measles and Rubella Immunisation Programme.

The Wellcome Parasite Epidemiology Project is directed by Dr. Donald Bundy (visiting Lecturer, University of the West Indies, and Lecturer in Parasite Epidemiology, Imperial College, University of London). The core staff are Ms. Donaldene Thompson (from UWI, Jamaica) and Ms. Joan Didier. Clinical

supervision in the early stages of the project was provided by Dr. Edward Cooper, this responsibility is now undertaken by Dr. Ira Simmons. Technical liaison with the Ministry of Health is controlled directly through the office of the Director of Health Services, Dr. Anthony D'Souza, with Dr. James St. Catherine having special responsibility for monitoring certain clinical field procedures. The administrative procedures are managed by the Permanent Secretary for Health, Mr. Cornelius Lubin on behalf of the Ministry of Health, and by the Resident Tutor, Senator Marilyn Floissac, on behalf of the University of the West Indies.

/9317

CSO: 5440/057

TANZANIA

ONE DIES OF CHOLERA IN KIGAMBONI

Dar es Salaam DAILY NEWS in English 14 Feb 86 p 3

[Text] One person has died and nine others have been admitted at the Kigamboni dispensary in Dar es Salaam after contracting cholera which broke out in the area late last week.

A medical assistant on duty Ndugu Nyamtura Mutayoba said yesterday Nassoro Iddi (36) whose case was reported at the dispensary on February 8, died the following day.

On February 8, two patients were admitted and three others followed the next day. Last Monday two more cases were reported followed by two others on Tuesday.

He said two other cases were registered on Wednesday when two women who were looking after sick children in the isolation ward contracted the disease.

One more case was recorded yesterday.

Ndugu Mutayoba named the nine patients as Ndugu Tefle Salum (42); Deus Makonge (18); Peter Pinja (30); Jonathan Thomas (32); Remmy Ndokeji (5); Colleta Hamdam (8); Abel Hamdam (5); Deonia Christopher (2); and Shija Mateo (1).

An anti-cholera committee was set up yesterday under the chairmanship of the Deputy City Medical Officer (Health), Ndugu Fadhili Omar, to spearhead measures to eradicate the disease.

Ndugu Omar said his committee has banned the selling of foods such as roast meat (mishikaki) buns, bread and porridge in public.

He said hotels in the area would not be closed for the moment but special conditions were laid down for all hotels to follow to contain the disease.

The conditions, he said, include boiling of water for all purposes.

He called upon Kigamboni residents to boil all domestic water and be thorough in their cooking. He also insisted that latrines be used and other sorts of domestic waste be burnt or buried.

However, the committee may find it difficult to control the quality of drinking water in Kigamboni. The area has no tap water and solely depends on shallow ring wells which contain salty water.

The National Urban Water Authority (NUWA) terminated services in the area about two years ago. Now, the Kigamboni community shares its drinking water with stray cats, dogs and possibly rodents because the shallow wells are open.

Ndugu Omar said the committee spent the day yesterday treating the water to make it safe for consumption. He said because the wells were the only source of drinking water for Kigamboni they would not be closed.

Ndugu also said all pombe shops in the area have been closed.

/13104

CSO: 5400/87

TANZANIA

BRIEFS

KIGAMBONI REPORTS MORE CHOLERA CASES--The number of cholera patients admitted at Kigamboni dispensary in Temeke District has increased to seven following the admission of another patient yesterday. The City Health Officer, Dr. E.E. Moshi, has asked Dar es Salaam residents to keep their surroundings clear and avoid eating raw foods to contain the deadly disease. [Text] [Dar es Salaam DAILY NEWS in English 25 Feb 86 p 3] /13104

MWANZA REGION CASES--Five hundred and five people have died in the region in the last five years due to cholera, diarrhoea and rabies, a report issued by the Regional Medical Officer, Dr. Prosper Mtei, has said. Dr. Mtei told the region's anti-cholera committee that out of 505 people, 268 died of cholera, 229 of diarrhoea while the remaining eight contracted rabies. During the past five years 26,853 people in the region were treated in health centres after contracting the three communicable diseases. [Text] [Dar es Salaam DAILY NEWS in English 25 Feb 86 p 3] /13104

CSO: 5400/87

TURKS AND CAICOS

BRIEFS

5-YEAR HEALTH PLAN--Further spotlight was placed on the proposed five year health plan when members of the planning committee met with health practitioners and members of the public to discuss the ramifications of the plan recently. The committee, comprising Chief Medical Officer Dr Robert Hailwood, Chief Public Health Inspector Joe Williams and Public Health Nurse Monica Wilson focused on the two main drives of the plan which was to correct the uneven balance of health care in these islands and to move emphasis from hospital medicine by shifting resources unto community medicine. The committee pointed out that in terms of health care, a proportionately greater effort must be made in the Caicos Islands and in Provo. On the question of shifting to community medicine it was noted that this did not mean the neglect of hospital medicine. Dr Hailwood also identified the real need for greater harmony and rationalisation between the private and government health sector on Provo to avoid duplication of facilities. The meeting was well attended. During the visit to Provo, Dr Hailwood also met with the PHMC board by invitation to discuss the plan and its progress. The planning committee is also expected to visit South Caicos shortly for a similar exercise. [Text] [Grand Turk TURKS AND CAICOS NEWS in English 30 Jan 86 p 2] /9317

CSO: 5440/060

UGANDA

BRIEFS

'SLIM' DISEASE STATISTICS--A mysterious disease which surfaced in southern Uganda more than a year ago is claiming the life of at least one person per day in Rakai District, the Roman Catholic Vernacular DAILY MUNNO reported in Kampapa yesterday. "People are worried about the daily funerals of their relatives and friends," the newspaper said. "Our reporter visited the district and saw with his own eyes bodies of people who had died from the disease being burried in almost every village," MUNNO reported. "Many other people suffering from the disease were in their beds, waiting for death," the newspaper reported. It said patients suffering from the disease had been taken to all the hospitals and clinics in the area, but that most of them were returned to their homes as there was no known cure. According to MUNNO, the worst hit area is the Kyotera Trading centre 160 kms (100 miles) south-west of Kampapa. Business in Kyotera has slackened and bars and nightclubs there have lost their clientele as a result of the disease, the newspaper said. The disease has been dubbed "slim" by residents in Rakai district because its victims loose weight and appear emaciated. They also suffer diarrhea and vomiting, and some are reported to have a fever and hallucinate. A medical team set up by the Ministry of Health to investigate the disease last year reported that "slim" was not the dreaded Acquired Immune Deficiency Syndrome (AIDS), but no deep research or study has been made of the causes or a cure. [Text] [Kaduna NEW NIGERIAN in English 18 Feb 86 p 8] /12851

CSO: 5400/82

VENEZUELA

BRIEFS

31 AIDS CASES REPORTED--Thirty-one cases of Acquired Immune Deficiency Syndrome [AIDS], including 21 deaths, have been reported to date in Venezuela; none of the cases thus far has involved children. Glenardo Solano, chief of the Department of Venereal Diseases, who is in turn a member of the National Committee on AIDS, said that his committee is studying the advisability of introducing a procedure for identifying the HTLV-III virus in donated blood now in blood banks throughout the nation. The decision on this step will depend on the final results of a study being conducted at certain of the blood banks, to assess the prevalence of the virus in the Venezuelan population. Partial results obtained to date have validated the proposal of the Ministry of Health to test volunteer blood donors for the HTLV-III virus, in order to avoid the spread of the disease through blood transfusions. [Text] [Caracas EL DIARIO DE CARACAS in Spanish 18 Jan 86 p 11] 12383

CSO: 5400/2039

ZAMBIA

HEALTH MINISTER BANS AIDS STATEMENTS

Lusaka ZAMBIA DAILY MAIL in English 3 Mar 86 p 5

[Text]

HEALTH Minister Mr Pickson Chitambala has banned all medical officers from issuing statements on the Acquired Immune Deficiency Syndrome [AIDS].

Officially opening the Zambia Medical Association [ZMA] annual general meeting which was immediately followed by a scientific session on AIDS, Mr Chitambala said no one should issue any statement on the disease apart from the director of Medical Services.

The Party and its government was taking measures to control AIDS and careless statements on the killer disease could make people panic and feel that no

thing was being done to protect their lives, he said.

He also directed that all research on AIDS in Zambia be carried out with consent of the National Surveillance Committee which would in turn liaise with the Director of Medical Services.

He said because of the importance that the government attached to lives of its citizens, two laboratories at the University Teaching Hospital [UTH] and the Tropical Disease Research Centre in Ndola have been directed to spearhead the diagnosis of AIDS.

In order to contain the situation, medical officials should embark on an educational campaign to tea-

ch people on how to prevent the spreading of the disease.

He said while the government had mounted an educational campaign on the disease, medical officers should also supplement government efforts to ensure that people understood the need to prevent the spreading of the disease.

Meanwhile, Mr Chitambala, has appointed a new board of directors for the Medical Stores.

Among the eight new members is Ministry of Health permanent secretary, Mr Edward Himunyangwa as chairman, and director of Pharmaceutical Services, Dr Patrick Chikusu as vice-chairman.

Ndola Urban governor Mr Crosberry Chibanga will also sit on the board as a representative of the Local Government Association of Zambia.

The rest include a representative of the mines, Mr Nonny Mwanyungwi, a representative of the Medical Council of Zambia, Dr Sam Mundia, a representative of churches, Dr P. Reyer, director of budget from the Ministry of Finance and a provincial political secretary from the Party's Social and Cultural Committee. ZANA/Mail Reporter

/9317

CSO: 5400/93

ZAMBIA

TYPHOID OUTBREAKS REPORTED IN DISTRICTS

Cases Reported in Lundazi

Lusaka ZAMBIA DAILY MAIL in English 14 Feb 86 p 1

[Text]

TWENTY pupils from Lundazi Secondary School have been hospitalised following a fresh outbreak of a disease now confirmed as typhoid. Eastern Province Medical Officer Dr Chirwa Chimhini said yesterday.

The school which reopened in January in defiance of recommendations from the provincial medical office was hit by the same disease in October last year leading to the quarantine of 170 pupils.

Medical personnel have completed their investigations and confirmed that the disease which broke last Friday was typhoid.

Dr Chimhini who will travel to Lundazi today to assess the situation noted that the number of affected students was likely to rise because sanitation had not improved since last year when the school was ordered to close.

Despite the order from the provincial medical office for the school to re-open only when hygienic conditions improved, authorities in the Ministry of Edu-

cation and Culture allowed the institution to open.

Last Wednesday, students and teachers from the school marched to the office of the district governor in protest against lack of hygiene at the institution which was constantly hit by a shortage of water.

The Daily Mail warned last week in an editorial that the school may face another outbreak of the deadly disease because the Ministry had not adhered to the recommendations by Dr Chimhini's office.

"This is a serious development which makes one wonder just what those who took the decision to reopen the school are up to. The re-opening of the school against the advice of the medical office is an irresponsible act for which the officers who took the decision must be held accountable," the editorial said.

Last year when the killer disease hit the school, more than 700 pupils were sent home to allow medical authorities to effectively combat the outbreak.

Deaths Reported in Senanga

Lusaka TIMES OF ZAMBIA in English 21 Feb 86 p 5

[Text]

A MYSTERIOUS disease suspected to be typhoid has hit Senanga district claiming three lives.

Disclosing this in Mongu yesterday, provincial medical officer for Western Province, Dr Clement Musowe said the three victims died shortly after they were admitted to Senanga district hospital on Wednesday.

He said the victims had been brought to the hospital from Katuya near the boma, Liangati along the Mongu-Senanga road and Mafulo also in Senanga district.

Dr Musowe said clinical officers had found that the victims were attacked by typhoid fever but since these cases were isolated specimens have been sent to Lusaka for confirmation of the diagnosis.

He said the district was under surveillance and a vaccination campaign would be conducted to prevent the disease from spreading.

He dismissed fears that the disease might have already spread to Senanga Secondary School which has a population of more than 1,000 pupils.

He appealed to Senanga residents not to panic.

In Mufulira an unknown disease has killed one pig at the rural reconstruction centre. — Zana.

Students Quarantined in Chipata

Lusaka TIMES OF ZAMBIA in English 28 Feb 86 p 1

[Text]

ABOUT 200 pupils at Chizongwe Secondary School in Chipata have been quarantined after the spread of typhoid to the school. Eastern Province medical officer Dr Chitwa Chimbini confirmed yesterday.

The 200 pupils had gone to football matches to Lundazi Secondary School where typhoid broke out last week.

Temporary isolation wards had been set up to prevent the spread of the killer disease.

Dr Chimbini said laboratory tests were still being conducted on specimens

from the pupils and many of them showed positive signs of typhoid. Many were also complaining of headaches and severe abdominal pains.

Last year one pupil died and several others were hospitalised after an outbreak of the killer disease at Chizongwe.

Meanwhile, Dr Chimbini said the situation at Lundazi Secondary School was under control.

But he feared that the situation could worsen if the current water shortage at Lundazi boma after the damage to the dam by floods was not quickly solved.

/9317
CSO: 5400/91

ZAMBIA

BRIEFS

FEBRUARY AIDS DEATHS--Six people are suspected of having died from the deadly Acquired Immune Deficiency Syndrome (AIDS) disease in Livingstone last month. Livingstone general hospital medical superintendent Dr Elisha Chipandwe said this yesterday when he took Southern Province under-secretary Mr Alexander Kwibisa on a conducted tour of the mortuaries at Batoka and Livingstone General hospitals which are congested because of lack of space and broken down refrigerators. Dr Chipandwe said there was a health risk at the mortuaries as postmortems were conducted in the same room where bodies were washed. The rooms were infected with various diseases. "We need to expand the mortuary and have separate rooms for washing bodies and carrying out postmortems because of infections. "We have a lot of AIDS patients and six people died last month from the disease," he said. Mr Kwibisa wondered whether the hospital was able to detect the disease and Dr Chipandwe said it was now possible. A laboratory technician from the hospital had been in Lusaka on a six week course on how to diagnose the disease through blood tests. [Text] [Lusaka TIMES OF ZAMBIA in English 5 Mar 86 p 1] /9317

CSO: 5400/93

7 April 1986

CANADA

TAINTED FISH FOUND IN ST LAWRENCE, RAINY RIVERS

Pesticide in St Lawrence Fish

Ottawa THE CITIZEN in English 20 Feb 86 p B20

[Text]

WOLFE ISLAND, Ont. (CP) — Fish caught near Wolfe Island in the St. Lawrence River contain unacceptable levels of the pesticide Mirex, a suspected cause of cancer in humans, Ontario's Environment Ministry says.

The latest tests detected a Mirex residue of seven parts per billion in spottail shiners caught near the island's shoreline — about the same level found in earlier recent tests. The International Joint Commission says fish in the Great Lakes should be free of the chemical.

PCB levels in locally caught shiners are 90 parts per billion, just below the commission's danger mark of 100, the ministry says.

The ministry also said people living in the Rainy River area of northwestern Ontario should restrict their consumption of fish caught in area waters because of the presence of the most toxic form of the chemical dioxin.

Environment Minister James Bradley told reporters his ministry should have new guidelines for safe consumption of dioxin-contaminated fish ready in a few

weeks, but he refused to say area residents shouldn't eat the fish in the meantime.

"When it is consumed, it has to be consumed on a restricted basis," Bradley said. "Certainly people should proceed with caution until such time as we have upgraded our guidelines."

The measurements of residues in shiners near Wolfe Island were made in the ministry's last shoreline survey of the lower Great Lakes in the fall of 1984. Shiners are the small fish which are the staple diet of Lake Ontario's game fish. The data collected in that survey are the latest available, and have not been published.

Bradley said last week that he's concerned about the persistence in the past two or three years of Mirex and polychlorinated biphenyls at levels exceeding the commission's standards.

Mirex, which is used mainly on cotton crops in the United States, is a proven carcinogen in laboratory animals and a suspected carcinogen in humans.

Karl Suns, the ministry biologist in charge of recent shorelines surveys, said in an interview that

Mirex and PCB levels found in 1984 were similar to those detected in the shiners in 1982 and 1983.

The Mirex originated from a pesticide packaging plant on the Niagara River.

"As far as we can tell, this primary source of Mirex has been eliminated," Suns said. "But Mirex is very persistent in the lakes, and the residues we're finding in young fish reflect the water quality conditions of their nursery area."

Suns said that although the general trend looks favorable, "it's hard to say what it all means. We always have to be concerned about the build-up of toxins in the food chain."

The ministry emphasized that overall levels of PCBs, Mirex and particularly DDT pollution in the lower Great Lakes have dropped significantly since 1975.

PCB pollution has declined by 72 per cent and the trend for Mirex "while not quantifiable, does indicate there has been a reduction in Mirex pollution in the Great Lakes."

Dioxin in Rainy River Fish

Toronto THE GLOBE AND MAIL in English 20 Feb 86 p A11

[Article by Regina Hickl-Szabo]

[Text]

Provincial Environment Minister James Bradley has urged people to restrict their consumption of north-western Ontario fish after a study turned up traces of the deadly chemical dioxin in several species.

"When you find what we consider to be the worst kind of dioxin," Mr. Bradley said yesterday, "it's a cause for great concern."

Laboratory tests along the Rainy River found traces of an extremely dangerous form of dioxin — 2,3,7,8-TCDD — in 11 of 24 northern pike, sturgeon and white suckers sampled. The chemical is the one in Agent Orange, the defoliant used during the Vietnam war.

The levels of dioxin found in the fish ranged between one and nine parts per trillion. The federal Health and Welfare Department says it is safe to eat fish containing up to 20 parts per trillion.

Mr. Bradley would not be pinned down, however, on how much fish from the area he believes it is safe to eat.

In light of his ministry's findings, he said, "people should consume fish on a restricted basis," at least until the ministry determines how much is safe.

He said the Ministry is updating Ontario's fish consumption guide, which tells anglers how safe it is to eat fish from various parts of the province.

The ministry is also eager to find the source of dioxin pollution, Mr. Bradley said.

The ministry has tested waste from the Boise Cascade pulp and paper mill in Fort Frances but found no detectable level of 2,3,7,8-TCDD dioxin, according to a ministry statement. Additional samples will be taken, however, and effluents from other paper mills in the area will also be tested for dioxin.

Lance Males, a spokesman for the Ontario Federation of Anglers and Hunters, said Mr. Bradley's announcement was bad news for fishermen and the commercial fishing industry.

Ontario takes in millions of dollars a year from U.S. anglers and visitors from outside the province.

Mr. Bradley is "trying to soften the blow" to the tourism and fishing industries in the Rainy River area by asking residents to restrict their fish intake rather than stop eating fish altogether, Mr. Males said.

"It's a matter of being afraid of coming out and saying it like it is. It could devastate the tourist operations in that area."

Bob McKercher, a spokesman for the Northern Ontario Tourist Outfitters, said the news "won't necessarily ring the death knell for fishing in Rainy River."

More and more tourist fishermen come north just for the sport, he said, and camps where anglers re-

lease their catch are becoming increasingly popular.

Fred Copenace, chief of the Big Grassy Indian reserve near Fort Frances, was wary about Mr. Bradley's news.

He said he had heard that the level of fish contamination in the Rainy River "was not much to worry about," but he is worried anyway.

Government officials told natives not to worry about pollution in the English-Wabigoon River system before they found out during the seventies that the fish in that waterway were badly poisoned with mercury and they banned consuming fish from the river altogether, he said.

"We eat a lot of fish," he said. "We haven't been told to reduce (the amount we eat)."

Most of the 200 Big Grassy residents eat fish at least once a week. In the summer, fishermen from the reserve make about \$12,000 selling fish they catch, he said.

In the past, federal guidelines have classified fish from the Rainy River area as being safe to eat. With its stricter rules, however, Ontario's Environment Ministry has recommended that dioxin and other chemicals found in several species from the Rainy River area are high enough to warrant telling women of child-bearing age and children younger than 15 not to eat several varieties of fish.

/9317

CSO: 5420/61

INDIA

BRIEFS

RINDERPEST EPIDEMIC--Ranchi, March 2. Over 500 milch animals are reported to have died of rinderpest in Ranchi alone besides another 500 at Jamshedpur, Bhagalpur and other towns in Bihar in about a fortnight causing panic among milkmen. It is reported that the disease has been contacted by cows and buffaloes imported from Punjab area to Bihar. It has been alleged that the Animal Husbandry Department, even after the death of the animals, did not come to the rescue of the milkmen. Removal of the dead animals by the Ranchi Municipal Corporation has also been tardy and the milkmen are put to great loss at the sudden epidemic. According to the owner of ten buffaloes in Ranchi town, there was no regular vaccination by the Animal Husbandry Department and only after the deaths were reported that the department started vaccination work; but by then the infection had spread. The Director of Animal Husbandry, who rushed to Ranchi told newsmen that only 77 animals died so far, but when his statement was challenged, he stretched the number up to 100. But even a cursory count of local khatahs by newsmen revealed that at least 386 animals had died besides those in individual houses and in far away khatahs in the rural fringes of the town. [Text] [Madras THE HINDU in English 3 Mar 86 p 13] /9274

CSO: 5450/0121

INDONESIA .

RABIES IN ALL BUT 6 PROVINCES

Jakarta ANTARA NEWS BULLETIN in English 21 Feb 86 p A8

[Text] Jakarta, February 21 (ANTARA)--Only six of the 27 provinces and two islands in Indonesia have not been affected by rabies, Health Ministry Chief spokesman Dr Sumaryati Aryono disclosed here Friday.

The six provinces are Bali, West Nusatenggara, East Nusatenggara, Maluku, Irian Jaya and West Kalimantan, and the islands are Madura and Nias.

She said the government has no exact figures on the number of victims of the acute infectious viral disease normally transmitted by dogs.

The government was still taking intensive measures in overcoming the disease, she said.

Action against rabies-carrying dogs is taken by the animal husbandry service of the Agriculture Ministry, while the Health Ministry only provides anti-rabies vaccines.

The Health Ministry has so far made available 65,000 doses of the vaccine, Dr Sumaryati said.

A rabies eruption was first reported in Central Java in November 1985, which then spread to Yogyakarta, West Java and other provinces.

The rapid spread of the disease was facilitated by the widespread illegal dog trade between the different provinces for consumption.

/9317
CSO: 5400/4356

SWINE FEVER OUTBREAK ALONG MCHINJI BORDER REPORTED

Blantyre DAILY TIMES in English 14 Mar 86 p 1

[Text]

AN OUTBREAK of African swine fever has been reported along the Zambia-Malawi border in Mchinji district.

An official of the Veterinary Department in Mchinji rural development project based at Namitete told Mana that specimens from Chipata along the Zambia-Malawi border which were sent to the Central Veterinary Laboratory in Lilongwe a few weeks ago were positive on African swine fever, thus confirming the existence of the disease along that border.

"The problem is that the disease spreads very fast and can wipe out the pigs in any particular area within a few days. It is therefore important to strictly observe precautionary measures in order to prevent the disease crossing the border into Malawi," the official warned.

He advised farmers and the general public to confine their pigs and feed them in kholas. Pigs should not be allowed to wander around compounds and no pig should be moved from one village to another until further notice, he advised.

Slaughtering of pigs and selling of pork were prohibited because the disease can spread through handling or eating infected meat. "Anyone acting contrary to these control measures must be reported to the nearest veterinary or Police station," he warned.

"Cases of sick pigs or deaths must be reported to the veterinary personnel for appropriate advice or action," he advised.

The Veterinary Department does not recommend anyone to eat meat from an animal which died on its own. Barely two months ago three children from Kadzakumanja village in Mchinji district died after eating pork suspected to have been contaminated and at least 200 people from Kandusu village along the Zambia border had been treated at the district hospital against rabies after they had also eaten beef which was later found to be from a positive rabid case, he disclosed.

"It is important that all your meat be inspected and certified fit for human consumption by the Veterinary personnel," he advised.

ZAMBIA

CORRIDOR DISEASE OUT OF CONTROL

Southern Province Deaths

Lusaka TIMES OF ZAMBIA in English 15 Feb 86 p 1

[Text]

CORRIDOR disease in the Southern Province has so far killed 2,525 cattle and agricultural and provincial authorities have worked out short and long term measures to stop it from spreading.

Provincial political secretary Mr Winston Kamwana said in Livingstone yesterday that the disease was spreading fast causing heavy animal mortality.

He said 1,983 cattle had been killed in Choma, 450 in Monze, 80 in Mazabuka and 12 in Kalomo and called on banks, financial institutions and business houses to help the department of veterinary services combat it by making contributions.

Mr Kamwana was in Choma on Tuesday to address district governors, officials from the Southern Province Cooperative

Marketing Union (SPCMU) and the Southern Province African Farming Improvement Fund (SPAFIF) on the need to fight the disease.

"You are no doubt aware that our wealth in the province revolves on the health of our animals which we use for milk, cultivation and sell for cash bringing a lot of income to our rural population. This is why we are so worried when we see our herd being decreased in the province."

SPAFIF had responded to his earlier appeals for finances and had given K2,000 to the veterinary department while Monze council donated K1,000 and Choma gave drums of fuel.

"The director of veterinary services has contributed K10,000 and has done everything possible to mobilise all the chemicals required for this exercise but his efforts and that of

the provincial veterinary officer is hampered by lack of fuel to touch all affected areas."

The meeting decided that as a short-term measure all district councils should pay K12,000 towards the project by March and other financial institutions should follow suit.

Long term measures were to sensitise peasant farmers to contribute to the fund to augment the services of the veterinary department.

Dip-tank committees were formed to strengthen Government operations and would act as focal points to control animal disease and increase food production.

The committees would be turned into primary co-operative societies to play a leading role in the supply and marketing of the produce.

Cases Reported in Lusaka

Lusaka ZAMBIA DAILY MAIL in English 18 Feb 86 p 3

[Excerpt]

CORRIDOR, the deadly cattle disease which has killed thousands of animals in Southern Province, has broken out in Lusaka.

Provincial veterinary officer, Dr Bole Simulomba said in Lusaka yesterday that the disease had been confirmed in specimens collected from cattle suspected to have been transferred from Southern Province.

The cattle belong to Mr Paul Mweemba of Water Wells farm Number 672 on Makeni Road 40 kilometres from town centre.

Corridor causes mortality of up to 98 per cent in virgin out-breaks. So far six of the 53 animals brought from Pemba have died within a week.

Contingency measures have been made to contain the disease through treatment, restrictive cattle movement and quarantining.

"We are in control of the situation and what we are doing now is routine mopping up exercise which will take a long time before we can conclusively ascertain control of 100 per cent of the disease.

With the co-operation of commercial farmers in the neighbourhood, the veterinary team hoped to wipe out the disease completely.

/9317
CSO: 5400/92

JPRS-TEP-86-008
7 April 1986

COLOMBIA

BRIEFS

COFFEE RUST IN CAUCA--Cali (Press Office). New infestations of coffee rust have been discovered in six municipalities of the Cauca Valley, it was reported by the chief of public affairs of the Coffee Planters Committee of Cauca Department. Jaime Arango reported that rust has been found on coffee bushes in rural areas of the municipalities of San Pedro, Darien, Restrepo, Ginebra, Yotoco, and Palmira. [Text] [Bogota EL SIGLO in Spanish 14 Jan 86 p 1] 12430/9738

CSO: 5400/2037

MEXICO

BRIEFS

COFFEE RUST IN SOUTHEAST--The director general of the Mexican Coffee Institute has reported that 195,000 hectares of coffee in the southeastern part of the country, namely Chiapas and Veracruz, have been affected by coffee rust. The official added that measures have been taken to prevent the spread of the disease to other coffee plantations. [Summary] [Mexico City EXCELSIOR in Spanish 22 Feb 86 STATES section pp 1, 4 PA] /8309

CSO: 5400/2045

SOUTH AFRICA

MORE REPORTAGE ON LOCUST PLAGUE IN CAPE

Farmers Fear Rains

Johannesburg THE STAR in English 27 Feb 86 p 11

[Text] A locust outbreak worse than the present plague is feared by maize farmers here if it rains again in the next few days or weeks.

But sheep farmers, who have suffered the most damage from the locusts, are hoping it will rain again. That would give the veld, which has been virtually destroyed by the insects, the chance to recover.

Farms in Paardeberg near Petrusville, Barkley West and at Vostershoop in the Kalahari have been hardest hit by the locusts.

An official, Mr Riaan Badenhorst, said: "It's not the big swarms which worry us now. We are mainly concerned about the smaller dispersed groups of locusts. To wipe them out is virtually impossible. And they are the ones which are now laying eggs."

"A single locust lays between 5 000 and 8 000 eggs. If it rains now all those eggs will become locusts and we will have an

even worse outbreak."

Maize farmers, such as Mr Chris Bouwer of Orania, have prevented major damage to their crops by taking various precautions.

He said: "We put bales of dry hay around the mealie land. When a locust swarm is spotted we burn the bales. That creates dense smoke and frightens the locusts away."

People had also been asked to make as much noise as possible to frighten the insects. Mr Bouwer said such methods had been fairly successful so far. Damage to mealies, corn, potatoes and cotton crops had largely been limited to the outside edges of the land.

Sheep farmers have been less fortunate. Their grasslands are wide open areas which cannot be protected in the same way as crops. Mr Frankie du Toit said: "I have nursed this veld for months and now there is nothing left. The locusts have stripped it to the soil."

30 Km Wall Of Insects

Johannesburg THE STAR in English 27 Feb 86 p 11

[Text]

KIMBERLEY — Exactly how large are the locust swarms which have been plaguing the Northern Cape and surrounding areas the past three weeks?

"I saw one nearly 30 km long," says locust-combating officer Mr Riaan Badenhorst.

"The head of the swarm entered the area at about 2 pm. At 6 pm they were still coming, non-stop.

"I tell you it is unbelievable, something you can't really explain to someone else.

"And when they come to rest on a mesh-wire fence, you can't see a thing through the fence. It's like a wall."

Mr Badenhorst says he once combated a swarm at night which was thickly spread over not less than eight farms. And a farm of 3 000 hectares is considered to be small in the Northern Cape.

Maize farmer Chris Bouwer near Orania says he once saw a swarm which was more than 20 km wide and about 30 km long, like a "big ball of black smoke".

No Sleep For Locust Fighter

Johannesburg THE STAR in English 27 Feb 86 p 11

[Text]

KIMBERLEY — It has been a full three weeks since Mr Riaan Badenhorst had a good night's sleep.

In fact, he has had no rest at night — because that's when the locusts sleep and are at their most vulnerable.

Mr Badenhorst is the locust combating official for the area between Orania and Hopetown in the Northern Cape.

He said that the only way to combat the flying swarms of locusts was to spray them with poison during the night.

"They don't fly at all when it is dark. We use bakkies with pumps mounted on the back and we drive between the locusts spraying them with the poison."

During the day it is too dangerous for aeroplanes to fly above a locust swarm and, during the night, it is too dark.

Aircraft can be used only at dawn, just before the locusts wake.

Farmers: Locusts Linked to Comet

Johannesburg THE STAR in English 27 Feb 86 p 11

[Text]

KIMBERLEY — A theory that there might be a connection between Halley's Comet and the locust plague in the Northern Cape is being discussed by farmers in the area.

Somebody's grandfather remembers a similar locust plague in 1910, around the same time that Halley's Comet made its previous appearance.

The sequence of events was the same, farmers say.

Millions Cover Sky in Eastern Cape

Johannesburg BUSINESS DAY in English 28 Feb 86 p 7

[Text] OOM STEFAAN GOUWS was sitting on his stoep watching the locusts go by.

As far, as wide and as high as you could see, the sky was alive with tiny black bodies. They looked like rain.

Three hours later Gouws was still there and, amazingly, the swarm was still flying by as thick and fast as ever.

Just outside the Eastern Cape hamlet of Jansenville, the veld was under siege.

From far off the attackers resembled dust clouds. A little closer one would guess they were bees, but when they pelted against the car, jammed up the radiator and splattered legs and intestines across the windscreen, there was no mistaking the locusts.

Millions of them covered the sky and every centimetre of the earth, rising in clouds in front of the car, which slowed down to a crawl. We could hear them clicking and rustling outside the vehicle.

Three hours later we were still in the same spot and the swarm was as dense as ever, blackening the sky, devouring grasses and reducing reeds at the river to stumps.

Jansenville's extension officer Fanie Strydom, who was chasing after the swarm with a bakkie-load of poison and a spray team, estimated the swarm to be 4km long.

It wasn't anything like the 17km-long swarm which passed over the dorp last

weekend. The insects blocked out the sun when they flew by and demolished 2ha of mealies in a few hours. It took the entire Saturday for them to pass by.

Locusts last descended on the area 10 years ago, but nobody has ever seen as many of the insects as they have in the past two months.

Luckily our swarm consisted of mature flying locusts. When they are hoppers, they move along the ground eating everything in sight.

The difficulty with the flying insects comes in the spraying. They have to be sprayed when they are still on the ground, either in the early morning or late at night.

Farmers and government officials have been conducting an intensive nationwide drive since January to stamp out the swarms. And if they don't stop them, they threaten to move inland and demolish the OFS mealie fields.

Sheer numbers alone make their eradication a daunting task. Their movement depends on the direction of the wind, the rate at which their eggs hatch and on the rainfall. High rainfall can cause eggs which have been lying dormant in the soil for up to seven years to hatch.

Last week a Department of Agricultural Economics and Marketing spokesman estimated that if the build-up continues, the outbreak could be the worst in living memory.

/13104

CSO: 5400/88

TANZANIA

LARGER GRAIN BORERS SPOTTED IN IRINGA

Dar es Salaam DAILY NEWS in English 24 Feb 86 p 3

[Text] The notorious Larger Grain Borers (LGB) locally known as Dumuzi have been spotted in Iringa Region and are said to have infested on a substantial amount of maize at Itamba, Kiwele and Mgela villages in Iringa Rural District.

The Regional Commissioner, Ndugu Athumani Kabongo, said the region had started taking measures to fight the pest. The measures included placing under quarantine nine villages in the district, he said.

Shihata reported that villages placed under quarantine are Kwele, Itamba, Mgela, Mfyome, Itagutu, Kitapilimwa, Mgongo, Kigonziel and Mawelewele. Under the quarantine, it is forbidden to bring or take out cereals from the villages.

Spotting of the borers comes at a time when the region has for the first time sold 45,000 tonnes of maize to co-operative unions. The region is among four leading producers of food. Others are Mbeya, Rukwa and Ruvuma.

Meanwhile, agriculture extension workers have started spraying chemicals to contain the pest. The spraying will be done in all quarantined villages.

Peasants have been called upon to shell their maize and put them in sprayed gunny bags as a preventive measure.

The Ministry of Agriculture and Livestock Development has provided 50 tonnes of pesticides for the spraying.

It is understood that the pest which has entered the region for the first time, came from Tabora, Singida and Dodoma regions.

/13104
CSO: 5400/87

UGANDA

BRIEFS

LOCUST INVASION--An army of locusts has invaded Uganda from South Eastern Sudan. Large parts of Kitgum District have already been invaded and a message from people in the area has been dispersed by local authorities to the government for urgent action. The government is expected to send a team of experts to identify the species of the locusts before appropriate control measures can be launched, according to local authorities here. In the meantime the worst hit country of Cucua is to have its residents evacuated. However, the authorities could not tell when and how the evacuation would be carried out before an attack is launched to destroy the locusts. There are growing fears here that Kitgum, Lira, Kotido, Karamoja and Moyo Districts will soon be invaded by the locusts if urgent measures are not taken quickly to halt their southward advance. [Excerpt] [Kampala FINANCIAL TIMES in English 21 Jan 86 pp 1, 6] /12851

CSO: 5400/82

VIETNAM

RICE PESTS RAVAGING CROPS IN NORTH, SOUTH

OW220933 Hanoi Domestic Service in Vietnamese 1100 GMT 21 Mar 86

[Text] A notice by the Vegetation Protection Department under the Agriculture Ministry says that in the past period, rice leaf rollers have ravaged some 50,000 hectares of late spring rice and early summer-fall rice in the southern provinces. First-batch larvae of rice leaf rollers are spreading with an infestation level of 5-15 worms per square meter. Rice blast is ravaging many northern provinces. In addition, rice yellows, root suffocation disease, stem borers, and buoy worms [ssau phao] are ravaging rice in scattered areas.

It is forecast that in the coming period, rice blast may spread over large areas in the northern provinces, especially in Thanh Hoa and Nghe Tinh; rice leaf beetles, rice leaf rollers, and brown planthoppers may develop; and stem borer larvae may appear in scattered areas. Therefore, localities should make intensive efforts to detect rice paddies affected by rice blast and rice leaf beetles; should prune affected blades; must absolutely not apply nitrogenous fertilizer to rice blast-affected plants; and should spray insecticides over rice with high levels of infestation.

In the southern provinces, rice leaf rollers are continuing their wide-spread ravage of main-crop rice and late spring rice, causing rice leaves to whiten in some localities. If the skies are overcast with drizzle, rice blast will greatly ravage the upper stem of rice flowers in the zone five provinces. Stem borers, buoy worms, and rice stemflies are continuing their ravage. Therefore, all provinces should conduct large-scale insecticide spraying in order to control rice leaf rollers and rice blast.

/12640
CSO: 5400/4359

END